



09/891611

IPV - AF
2177

IN THE US PATENT OFFICE

EXAMINER - Lu

GROUP - 2177

SN -10/7887

FILED - 11/5/01

BY - Hoshi

SIRS:

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2500 Crystal Drive, Arlington, VA 22202, on the 6th
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Date 10/26/04

AMENDMENT AFTER FINAL

Responsive to the OA of 9/21/04, please amend as follows:

Claims 1-38 (previously cancelled)

Claims 39-62, cancel herewith without prejudice.

Add claims 63 - 75 , appearing in the Appendix.

REMARKS

Claims 63-75 are in the application. Claims 39-62 were cancelled to expedite prosecution. The new claims were drafted to avoid the Section 102 and 103 rejections. As now presented, it is believed that these claims are allowable, and accordingly, reconsideration and allowance are respectfully solicited.

SECTION 102 REJECTION AVOIDED BY NEW CLAIMS

The Examiner rejected claims 40-43 and 49 over Fortenberry 6,005,939 (hereinafter called "Fortenberry"). As now presented, the invention recited in the new claims is believed to not be anticipated under 102 by Fortenberry.

For example, in main claim 63, we recite "a plurality of remote controller nodes connected to said plurality of nodes... capable of adding time stamps to and storing received output signals.. and transmitting.. through said network". Also, "service section acquires through said network profile data of each node user.. and



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Document on which fee is calculated:

[] Application [x] Amendment

Entity Status: [x] Non-small entity

[] Small Entity; [] cert. filed herewith [] Cert. filed priorly

APPLICATION

Basic Fee \$ _____

Main claims (-3) _____ x \$ _____ = \$ _____

Total Claims (-20) _____ X \$ _____ = \$ _____

Multiple Dep. [] Yes [] No \$ _____

TOTAL \$ _____

AMENDMENT

| | After Amend. | Highst Prior | | | | | |
|-----------|-----------------|-----------------|--|--|--|----|---|
| Basic Fee | | | | | | \$ | 0 |

| | | | | | | | | |
|----------------------|---|-----|--|---|--|------|------|---|
| (2) Main claims (-3) | 0 | (-) | | = | | X \$ | = \$ | 0 |
|----------------------|---|-----|--|---|--|------|------|---|

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|-------------------------|---|-----|--|---|--|------|------|---|
| (12) Total Claims (-20) | 0 | (-) | | = | | X \$ | = \$ | 0 |
|-------------------------|---|-----|--|---|--|------|------|---|

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|--|--|--|--|--|--|----|---|
| Multiple Dep. 1st time [] Yes [x] No. | | | | | | \$ | 0 |
|--|--|--|--|--|--|----|---|

| | | | |
|------------|--|----|---|
| DEFICIENCY | | \$ | 0 |
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FEE DUE \$ 0 [] Enclosed herewith by check

[] Charge to DA 11-1500, duplicate attached.

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Respectfully,
M. KOJIMA